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TAGS: [AMGT](#) [SOCI](#) [ECON](#) [PGOV](#) [AMED](#) [ZI](#)

SUBJECT: HARARE MANAGEMENT CHALLENGE: COPING WITH COLLAPSE

REF: A. HARARE 1054
[1](#)B. HARARE 1039
[1](#)C. HARARE 1007
[1](#)D. HARARE 919
[1](#)E. HARARE 982
[1](#)F. HARARE 904
[1](#)G. 07 HARARE 504

THIS IS AN ACTION REQUEST. SEE PARAS 13 AND 14.

[1](#)1. SUMMARY: The collapse of Zimbabwe's infrastructure and economy continues to provide new challenges to post management. Post currently has the capacity to provide regular water supplies to all USG offices and residences except those in commercial office buildings. Additional wells may be required in the future, and Post's Public Affairs Section requires back up capabilities or relocation. Health system collapse has required the Mission to begin self-insurance for LES, despite the workload implications. With current facilities, Post cannot compensate for the lack of reliable emergency services. Post requests funding for well drilling and a prefabricated medical facility. END SUMMARY.

[1](#)2. Post has reported extensively (Refs E, F and G) on how Zimbabweans have managed to cope with their country's economic crisis. Zimbabwe's collapsing infrastructure and imploding economy create a different set of issues for USG efforts to maintain the basic standards of service required to keep the Embassy running and our families safe and comfortable. Just a few years ago, municipal services generally functioned and it was simple to identify local service providers capable of meeting our needs. Within Africa, Zimbabwe was extraordinary in its resemblance to a first world country. Today, Zimbabwe is like any other least developed country, and we have to provide for almost all our own needs, just as our management operations in places like the DRC and Niger have to compensate for the absence of local services. For the last few years, our Mission Strategic Plans have focused on the difficulty of meeting these challenges with an inadequate platform. We appreciate the support we have received from the Africa Bureau despite the tight budgets of the last few years.

[1](#)3. While this process has been underway for several years, it has been punctuated by crises which require accelerated responses. Just over a year ago, fuel shortages were the most significant threat to the Mission's ability to carry on business as usual. Post responded by expanding fuel storage and transport capacity. Water shortages have been a growing problem for some time, but the collapse of water treatment and distribution systems (Ref D) in recent weeks, combined with a cholera outbreak (Refs A and D), has tested our coping skills. Similarly, the collapse of local health care services (Refs B and C) requires that the USG develop in-house capacities it did not need in the past.

HARARE'S WATER CRISIS

[1](#)4. In the past, municipalities in Zimbabwe ran their own water utilities. Until a few years ago, Harare was one of the few capital cities in Africa with reliably potable tap water. The cities, however, were bases of support for the MDC and regularly elected MDC councils and mayors. ZANU-PF undertook a number of measures to

reduce the authority of municipal governments, including giving the Zimbabwe National Water Authority (ZINWA) control over municipal waterworks. This parastatal has been unable to generate sufficient revenue to maintain water infrastructure and to purchase inputs, including treatment chemicals.

15. USG office and residential facilities in Harare have suffered interruptions in water service for a number of years. We have functioning wells on 21 of our properties, and water tanks installed at all owned and leased offices and residences except our Public Affairs Section (PAS) and Centers for Disease Control (CDC) facilities in commercial office buildings. The Harare International School has adequate well water as well. The Mission has long used a water truck to fill tanks at locations without ZINWA service. In late FY07, with the number of facilities requiring water deliveries growing, Post purchased a second water truck to double our capacity to respond.

16. In the past, the chancery had reliable ZINWA service and we principally used municipal water from the chancery to fill our water trucks. In FY07, we also installed equipment at a government-owned residence with a productive well to facilitate filling of the water truck with well water, both to cover (increasingly frequent) interruptions in chancery supplies and to increase our capacity. ZINWA recently completely stopped treating water and stopped all pumping for about a week. (It has resumed supplying the city center, with what we assume is untreated water.) The well we have relied on also gives indications that it may be deteriorating. However, we have 4 other wells that we can easily shift to, and with the advent of the rainy season, seasonal wells, such as one on the chancery compound, will begin to provide water. The past week presented us with a short term "worst case scenario" for water

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supplies, and our water trucks and the LES who drive them have proved equal to the task; the tanks at our offices and residences remained well supplied.

17. Although our coping mechanisms are equal to the current water delivery challenge, we need to prepare ourselves for potential drying up of the wells we now rely on. Our best option is to drill new wells in promising locations.

18. Our CDC and PAS facilities are both located in city center commercial office buildings, and neither building provides tenants with a backup water system. CDC, with 29 employees, relies on four 1,000 liter containers the Embassy keeps filled when the taps run dry. PAS, which receives about a hundred visitors a day, is in a different situation. Water in the Eastgate building, where PAS is located, is separated into two systems, one for toilets and another for taps. When the taps run dry, public access to the information resource center is suspended. As long as toilets continue working, employees remain at work, with bottled water and hand sanitizer to assure hygiene. In the past, water interruptions have been rare. With deterioration in basic services and an indefinite delay in construction of Harare's NEC, post is evaluating the feasibility and cost of supplying backup power and water for PAS at its current location. If this cannot be arranged, relocation may be necessary. Either option will involve significant unbudgeted costs.

COPING WITH MEDICAL SYSTEMS COLLAPSE

19. ZINWA's failures are largely responsible for the scale of the current cholera outbreak in Zimbabwe, but the unusually high cholera fatality rate (4.5 percent nationwide) is due to the collapse in Zimbabwe's health systems. In the past, the Embassy relied on a local medical insurance scheme for LES health care and highly qualified private practitioners and well equipped hospitals for direct hire referrals and emergencies. While some qualified practitioners remain, there is no longer a functioning health insurance scheme and there are no medical facilities in the country that can be relied on to provide emergency stabilization pending evacuation.

¶10. Post has responded to the specific challenge of the cholera outbreak by sharing prevention information with employees and American citizens and ordering supplies of hand sanitizer to distribute throughout the Embassy, with special focus on public access points. Reports of an anthrax outbreak in one region of Zimbabwe do not currently represent any unusual threat to employees or American citizens; anthrax is endemic in Zimbabwe with occasional localized outbreaks, and human infection can be prevented by avoiding under-cooked meat.

¶11. While specific disease outbreaks are manageable, the broader issue of systemic collapse is more challenging. After six months of effort to put in place a short term commercial option for LES health insurance pending solicitation of bids, the Mission has determined that there is no viable short term solution. Post will self insure our 214 LES and their family members for the interim. This will create a significant new workload for Post's Medical Unit and Financial Management Office, but is the only means by which we can meet our commitment to our employees.

¶12. Post cannot rely on its current facilities resources to compensate for the collapse of public and private hospitals. Following a recent visit, Post's Regional Medical Officer concluded that our in-house capabilities need to be augmented. She suggested in her trip report that, because current medical unit offices provide no expansion capacity, we consider "adding some double-wide trailers or comparable prefabricated building to capture on-site space. Key would be to having a stretcher-accessible mini-ER for patient stabilization. Increased space for pharmacy supplies will also be needed. The thoughts to a small laboratory space for simple lab tests to be performed on-site as well."

ACTION REQUESTS

¶13. Post requests that OBO provide US\$5,000 in funding for well-drilling surveys at ten locations; if the surveys are promising, further funding will be sought.

¶14. Post requests that the Department explore options for providing a prefabricated medical facility that would include a capacity to stabilize emergency patients awaiting evacuation.

MCGEE